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Docket No. 222/133

PATENT

DECLARATION

(Original, Design, National State of PCT, Supplemental, Divisional, Continuation or Continuation—in—part)

As a below-named inventor, I hereby declare that:

TYPE OF DECLARATION

This declaration is of the following type: (creek one applicable Rem below)

X Original Design Supplemental

If the declaration is for an international Application being filed as a divisional, continuation or continuation-in-part application do not check next item; check appropriate one of least three items.

National Stage of PCT

If one of the following 3 items apply, then complete and also attach ADDED PAGES FOR DIVISIONAL, CONTINUATION OR CIP.

Continuation—in—part (CIP)

Divisional

INVENTORSHIP IDENTIFICATION

Continuation

My residence, post office address and citizenship are as stated below next to my name, I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

PERCUTANEOUS CATHETER AND GUIDEWIRE HAVING FILTER AND MEDICAL DEVICE DEPLOYMENT CAPABILITIES

SPECIFICATION IDENTIFICATION

the specification of which:

(a) ___ is attached hereto.

(b) _X was filed on May 8, 1997 as Serial No. 08/852,867;

or __ Express Mail No., as Serial No. not yet known, ___ and was amended on ____ (v applicable).

(c) __ was described and claimed in PCT International Application No. _____ filed on ___ and as amended under PCT Article 19 on _____ (v any).

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OCT, 21, 1997 3:20PM

NOTE:

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ACKNOWLEDGMENT OF REVIEW OF PAPERS AND DUTY OF CANDOR

I hereby	state	that	1	have	reviewed	and	underst	and	the	contents	of	the	above-identified
specification	, inclu	iding	the	claims	, as ame	ended	by any	ame	endme	ent referre	d to	abo	ve.

I acknowledge the duty to disclose information which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations, Section 1.56(a).

In compliance with this duty, there is attached an information disclosure statement. 37 CFR 1.97.

PRIORITY CLAIM

I hereby claim foreign priority benefits under Title 35, United States Code, Section 119 of any foreign application(s) for patent or inventor's certificate or of any PCT international application(s) designating at least one country other than the United States of America listed below and have also identified below any foreign application(s) for patent or inventor's certificate or any PCT international application(s) designating at least one country other than the United States of America filed by me on the same subject matter having a filing date before that of the application(s) of which priority is claimed.

(d) X No such applications have been filed.

: - }

(e) ___ Such applications have been filed as follows.

NOTE: Where Bers (c) is entered above and the international Application which designated the U.S. claimed priority, check item (e), enter the details below and make the priority claim.

EARLIEST FOREIGN APPLICATIONS, IF ANY FILED WITHIN 12 MONTHS (6 MONTHS FOR DESIGN) PRIOR TO THIS U.S. APPLICATION

COUNTRY

APPLICATION NUMBER

DATE OF FILING (month, day, year)

PRIORITY CLAIMED UNDER 37 USC 119

YES ·

NO

I hereby claim the benefit under Title 35, United States Code, Section 120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, Section 112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, Section 1.56, which occurred between the filing date of the prior application and the national or PCT international filing date of this application:

- (f) X No such applications have been filed.
- (g) ___ Such applications have been filed as follows.

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Application Serial No.

U.S. Patent No.

Filing Date

Issue Date

Status

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

SIGNATURE(S)

Full name of sole or		SUGIIA			
Inventor's signature	/ A m	·	 	 	
Date		Cour	try of	Citizenship_	U.S.A.
Residence	Mountain View, California				· ·
Post Office Address		, 		· .	
· · · · · · · · · · · · · · · · · · ·	Mountain View, CA 94040			·	
	Joint Inventor, if anyTRA	CY D. MAAHS			
Full name or second	Tracy W Masks	/			
Date 10.21.97			try of	Citizenship_	U.S.A.
Residence	Redwood City, California			•	
Post Office Address	312 Sequoia Avenue				
	Redwood City, CA 94061	· · ·	·		
Full name of third jo	int inventor, if anyYUE-T	EH JANG			
	4->				
Date 10/21/9	37	Cour	ntry of	Citizenshlp_	u.s.A.
Residence	Fremont, California				
Post Office Address	43659 Skye Road				
	Fremont, CA 94539			·	<u> </u>

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Full name of fourt	h joint	inventor, if a	пу	None			
Inventor's signature			·		·		·
Date	· ·			· .	Country of	Citizenship	
Residence				· 			
Post Office Address		,					
CHECK BELOW II	ANY	OF THE FOL	LLOWING	ADDED PA	AGE(S) FORM	M A PART OF T	HIS
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